Example of Acknowledgment

C' CTTT'	
Signature of Witness Printed Name and Address of Witness	"Signature" of person with disability By (Name of Designated person)
Signature of Witness Printed Name and Address of Witness	
State of	_
County of	_
	acknowledged before me this day of, disability), and subscribed by (name of designated
• •	the direction of (name of person with disability).
(SEAL/STAMP)	Notary Signature Print, Type or Stamp Name of Notary
	My commission expires
	Example of Jurat
	Example of Jurat
Signature of Witness Printed Name and Address of Witness	<u>"Signature" of person with disability</u> By (Name of Designated person)
Printed Name and	"Signature" of person with disability
Printed Name and Address of Witness Signature of Witness Printed Name and	"Signature" of person with disability By (Name of Designated person)
Printed Name and Address of Witness Signature of Witness Printed Name and Address of Witness	"Signature" of person with disability By (Name of Designated person)
Printed Name and Address of Witness Signature of Witness Printed Name and Address of Witness State of County of, or, or	"Signature" of person with disability By (Name of Designated person) day of, 20, by (name of person
Printed Name and Address of Witness Signature of Witness Printed Name and Address of Witness State of County of Sworn to before me this, owith disability), and subscribed by	"Signature" of person with disability By (Name of Designated person) day of, 20, by (name of person (name of designated person) in the presence of and
Printed Name and Address of Witness Signature of Witness Printed Name and Address of Witness State of County of, or, or	"Signature" of person with disability By (Name of Designated person) day of, 20, by (name of person (name of designated person) in the presence of and with disability).
Printed Name and Address of Witness Signature of Witness Printed Name and Address of Witness State of County of Sworn to before me this, owith disability), and subscribed by	"Signature" of person with disability By (Name of Designated person) day of, 20, by (name of person (name of designated person) in the presence of and